

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

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NAME OF COMMITTEE (In Full)

Cary Capparelli for Congress

Full Name (Last, First, Middle Initial)

**A. Turlo Resterant**

Mailing Address

4767 N. Lincoln Ave.

City

Chicago

State

IL.

Zip Code

60625

Purpose of Disbursement

Entertainment

Candidate Name

Cary Capparelli

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL.

District: 5

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY  
01/29/2009

Amount of Each Disbursement this Period

9235

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B. Monroe Parking**

Mailing Address

55 E. Monroe St.

City

Chicago

State

IL.

Zip Code

60601

Purpose of Disbursement

Parking

Candidate Name

Cary Capparelli

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL.

District: 5

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY  
01/31/2009

Amount of Each Disbursement this Period

2800

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C. U.S. Postal Service**

Mailing Address

City

Chicago

State

IL.

Zip Code

60631

Purpose of Disbursement

Postage

Candidate Name

Cary Capparelli

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL.

District: 5

Date of Disbursement

MM/DD/YYYY  
02/04/2009

Amount of Each Disbursement this Period

612

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

12,647

TOTAL This Period (last page this line number only) ▶